

CLAIMS TRANSMITTAL/CASE RESOLUTION

Instructions: The Department of Health Services (DHS) will complete items 1–5 and forward this form, along with the Claims Detail Report (CDR), to the county for recovery. Upon resolution of this case, the county will complete items 6–12 and return this form to:

County Medical Services Program
California Department of Health Services
1800 Third Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

If item 10 below indicates a positive amount, the county must complete a Check Handling Slip for CMSP Overpayments form (CMSP 611) and submit it with a check for the positive amount, made payable to the Department of Health Services/County Medical Services Program, as instructed on the CMSP 611 form. Please include any supporting documentation which details the cost of collection, as well as a copy of any check mailed to DHS on this case.

CONFIDENTIAL**DHS ONLY**

1. County name	
2. Recipient first name	
3. Recipient last name	
4. MEDS ID number (14-digit)	
5. Claim total	

COUNTY ONLY

6. Overpayment amount	
7. Demand amount	
8. Gross amount received	
9. Recovery cost	
10. Net recovered	
11. Date of resolution	
12. Reason for noncompletion	

Signature of person completing form



Date

Title

Phone number

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